

**ADVANCED LIFE SUPPORT AMBULANCE SERVICE
FOR
SOUTHERN PLATTE FIRE PROTECTION DISTRICT?**

**Executive Analysis of Fire Service
Operations in Emergency Management**

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ABSTRACT

The problem addressed by this research is the element of uncertainty of emergency medical services in the fire district. Kansas City Fire Department has determined to take over the ambulance service of the city. This would leave Southern Platte Fire Protection District without ALS service.

The purpose of this research was to evaluate/determine the best option for the Southern Platte Fire Protection District to select regarding ambulance service, while still providing a benefit to the citizens. This study used an evaluative research methodology. The research questions to be answered were:

- 1) What are the different options that the Southern Platte Fire Protection District can take regarding advance life support service?
- 2) What are the preliminary costs associated with each option?
- 3) What are the costs that can be recovered with each option without affecting the citizen's "out of pocket" expense?
- 4) What are the feelings of the employees with the advance life support service options?
- 5) Which is the best option for the Southern Platte Fire Protection District to select?

A literature review was conducted utilizing publications from the Learning Research Center (LRC) at the National Emergency Training Center (NETC). Additional literature reviews were conducted at the Lenexa (Kansas) Fire Department's Learning Resource Center (LRC), along with the Internet.

Statistical analysis was conducted using data from other ambulance providers in the region. An internal survey was given to the employees of Southern Platte Fire Protection District.

The findings revealed that the fire district has five different options to choose from. The common thread that appeared in all but one was that each would provide the community a higher level of care than is presently delivered.

The study disclosed that the best option for Southern Platte Fire Protection District to undertake would be to provide the ALS service via an EMS tax rate.

Recommendations included: 1) research MAST response times, 2) pass a resolution to provide service, 3) hire a consultant, 4) meet with contract cities, 5) continue research of costs and revenues, 6) form an internal transformational team, 7) market idea to community, 8) hold public meetings for input, 9) meet with other ambulance providers, and 10) place EMS ambulance service tax issue on general election ballot.

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INTRODUCTION

“The mantra of all fire agencies across the country is to develop an all-risk approach to protecting the community. The days of the sole-purpose fire authority to fight fires are long gone,” states Captain D. Scott Brown, public information officer of Orange County Fire Authority, California (Bird, 1997, p. 16).

The responsibility is felt by communities nation wide, and the emergency providers to not provide minimum services, but to provide a wide range of services at a cost-effective rate. The Southern Platte Fire Protection District’s community is not much different than the rest of the nation in its delivery of services.

As the organization has had to change from all volunteer to a combination department, so have some of the employees’ thoughts and actions concerning the services provided. Combined with a decrease in the number of fires reported yearly in the United States, this has led local agencies across the nation to rethink the way business is to be done (Bird, 1997, p. 17).

Therefore, the problem prompting this research is the element of the Kansas City Fire Department trying to takeover the metropolitan ambulance service that would cause an uncertainty of emergency medical services in the district.

The purpose of this research was to evaluate/determine the best option for the Southern Platte Fire Protection District to select in regard to ambulance service, while still providing a benefit to its citizens. This study uses an evaluative research methodology. The research questions to be answered are:

- 1) What are the different options that the Southern Platte Fire Protection District can take regarding advance life support service?
- 2) What are the preliminary costs associated with each option?

- 3) What are the costs that can be recovered with each option without affecting the citizen's "out of pocket" expense?
- 4) What are the feelings of the employees with the advance life support service options?
- 5) Which is the best option for the Southern Platte Fire Protection District to select?

BACKGROUND AND SIGNIFICANCE

The Southern Platte Fire Protection District is a suburban/rural Fire District that borders Kansas City, Missouri. It is located in the southern and western areas of Platte County along the Missouri River, just south of the Kansas City International Airport. The District encompasses five suburban cities, one village, and unincorporated area. In Platte County, there are eight other fire districts, along with the Kansas City Fire Department and a public safety department.

The district has three stations that protect 75 square miles. A population of approximately 35,000 people resides within these boundaries. The Southern Platte Fire Protection District responds to an average of 1,200 alarms per year. Roughly, 50% of the alarms are of an emergency medical nature.

The department provides a wide range of emergency and non-emergency services to the district. Along with the normal range of fire related alarms, personnel provide emergency medical care with the response of basic life support units.

A non-profit company that serves the greater Kansas City area, including other suburban communities, provides ambulance service. Northland Regional Ambulance District provides advanced life support ambulance service to the remaining county. When requested they will provide service to the northern area of the fire district.

Other services that are provided are ice/water rescue, hazardous material response, extrication, fire

code inspection and enforcement, contract response services, fire prevention activities, and any other services a patron may request. The philosophy of the department is if someone is in need of help or assistance, then we are going to do anything within the department's means to assist them.

In June 1996, the District transformed into a combination department. Nine full-time persons were hired as firefighters. These were the first full-time, on-duty, firefighters. They were hired to compliment a staff of 48 non-compensated members. In late 1998, 4 additional firefighters were hired.

The full-time firefighters work 24-hour shifts. Each day the shift has 4 persons on duty. There is an additional Captain on duty Monday through Friday, 8:00 a.m. - 5 p.m., creating 5 on duty during weekdays.

In May 1998, Kansas City Manager Bob Collins announced that he would create a Special EMS (Emergency Medical Services) Committee to study the feasibility of the Kansas City Fire Department to takeover ambulance services. A signed "memorandum of understanding" by Local 42 of the International Association of Fire Fighters and the city called for a committee to be formed within thirty (30) days and report their findings by January 1, 1999 (Penn, 1999 February 10).

This committee was not formed as of February 1999. This caused Local 42 to become more vocal in their intent to form a committee to study the possibility of taking over the ambulance service. Local 42 President Louie Wright pointed out that "we want to find out whether the quality of service can be improved or if the service can be delivered in a more cost-effective manner." (Penn, 1999, February 11)

Community officials, in areas that are covered by Southern Platte Fire Protection District were contacted by the Kansas City Star Newspaper to solicit reactions of the future of their ambulance service, if the Kansas City Fire Department assumed control of it. It must be noted that if this were to

happen, all of the fire district, including these communities would be without ambulance service, thus creating the need for this research.

One Mayor stated that he did not believe that Kansas City would listen to the opinions of his city. While another Mayor stated, "It would be awkward for us if Kansas City was providing our medical services and Southern Platte was handling our fires," (Penn, 1999, February 11). Executive Director of Metropolitan Ambulance Services Trust (MAST), John Sharp pointed out in an interview "Our operation is a great deal for the city (Kansas City), and the higher collection rates in the suburban communities more than pay for the service," (Penn, 1999, February 10).

Emergency Providers, Inc. (EPI) is an employee owned operations contractor for MAST, that owns the ambulances and contracts with EPI to provide the service. Under the contract between MAST and EPI, MAST can fine EPI, up to \$50,000 if their response times fall below the established range (Penn, 1999, February 5). This range is set by MAST and requires a maximum response time of 8 minutes and 30 seconds for life-threatening emergencies. If citywide response times, over a three-month period are not met 90% of the time, stiffer penalties are imposed (Penn, 1999, April 12). If EPI meets the response time goal with 91 percent or greater, the employee-owned company, EPI would receive cash incentives (Penn, 1999, February 5).

In early March 1999, Kansas City Fire Department was able to use improper recording of response times by MAST as another reason to takeover the service. The communications manager of EPI resigned after officials discovered that he had been altering the official response times of MAST. This was making it seem as if ambulances were achieving their required goal with greater efficiency, thus, providing more likelihood of cash incentives (Penn, 1999, March 10). These altered times extended back to 1997 (Penn, 1999, March 11).

It was noted by Steve Penn (1999, May 27) for three consecutive months (February, March and April) MAST's response times had not met the strategic goal of 90%. By not achieving the 90% contract target, MAST is fined. Over the past two years, they have been fined more than \$1 million for late responses (Penn, 1999, April 12).

This paper was prepared to meet the requirements of the Executive Analysis of Fire Service Operations in Emergency Management course. The research presented relates to the units discussing cost-benefit analysis, damage assessment, risk assessment, and capability assessments.

In the cost-benefit analysis unit, we discussed being able to identify both the organizational and external conditions as compared to the costs that exist. During the damage assessment unit, continued discussion topics included examining the elements of the community and the severity of damage that may have been caused from an incident. As with this study, the damage assessment deals with the internal problems that MAST is having and creating for Southern Platte Fire Protection District.

The unit of risk assessment dealt with the possibilities of evaluating the risk in the community and its vulnerability, before an incident happening. Dread factoring was explained as not just the actual impact the community has either with lives lost or economically, but the public perception. This is important when it is time to motivate the public for involvement. In the capability assessment unit, discussions were held determining the resources that are needed to provide continuous service, in case of a major incident.

This study is a continuation of those discussions that examined the risk and capability assessments needed to evaluate the vulnerability of the fire district's citizens and their emergency medical services, as well as with the fire district's capability of providing advance medical services.

LITERATURE REVIEW

A review of the Missouri Revised Statutes General Index (1998) revealed Title XII, Chapter 190, Emergency Services as the controlling provision of "Comprehensive Emergency Medical Services Systems Act" (1998) in the state of Missouri.

In a study completed by Kathy Saunders (1995) it is explained that in the federal EMS Act, an EMS system is defined as:

A system which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery in an appropriate geographic area of health care services under emergency conditions (occurring either as a result of the patient's condition or of natural disasters or similar conditions) and which is administered by a public or nonprofit private entity which has the authority and the resources to provide effective administration of the system, (p. 4).

"The EMS system consists of those organizations, resources and individuals from whom some action is required to ensure a timely and medically appropriate response to medical emergencies," states the American Ambulance Association (1994, p. 3).

James O. Page wrote a chapter in the National Fire Protection Association's Fire Protection Handbook and defined an EMS system as "a coordinated arrangement of public safety and medical resources to provide the victim of a sudden and unexpected illness or injury with the greatest potential for survival and recovery," (p. 165).

Missouri State Statutes deviates slightly from Chief Page's definition in stating "the arrangement of personnel, facilities and equipment for the effective and coordinated delivery of emergency medical services required in prevention and management of incidents occurring as a result of an illness, injury,

natural disaster or similar situation," (p. 2).

With the conflict that exists between MAST and with the Kansas City Fire Department requesting to assume the operations of the ambulance service, many questions will need to be answered regarding the most effective way to coordinate delivery of the emergency medical services. The question that will need to be answered is whether to trust the service to a private ambulance service, the Fire Department, or a hybrid system of the two (Campbell, 1999, May 23).

According to an emergency medical consultant, it is not about having the right model or good model, it is about what is best for the community. This is what the main task of the city auditor and special committee will report on next year for Kansas City (Campbell, 1999, May 23).

Campbell continues to explain that the President of the American Ambulance Association, Mark Meijer, states that "there clearly is not a cookie-cutter approach" in the way EMS and paramedic ambulance services are delivered throughout the United States. Three models are prominently used:

- 1) The fire department provides a first responder and a private ambulance service follows up with ALS and transport to a hospital (Kansas City's present system).
- 2) A city runs an ambulance department as a third service, along with fire and police.
- 3) The fire department is both first responder and ambulance provider (Kansas City Fire Department's proposal) (p. 2.)

In larger cities, fire departments are providing first response and ambulance transport (Campbell, 1999, May 23). Author Gordon M. Sachs has determined that one of the underlying decisions for fire departments to provide ambulance service is that the number of fire calls has dropped, due to increased fire prevention and protection efforts, while emergency medical calls have risen dramatically (1995).

In a study completed by the National Fire Protection Association, between 1980-1997 fire calls fell

by 40 percent. During that same time, emergency medical calls rose by 108 percent nationwide (Campbell, 1999, May 23).

Gary Ludwig (1998), Chief Paramedic of St. Louis (Missouri) Fire Department, explains that municipalities using fire-based EMS are causing a positive impact in their communities. The reason is that that they are using "dual role" personnel.

Authors Cady, Page and Scott (1993) conducted an in-depth study of dual role cross-trained (DR/CT) versus single role (SR) personnel. Ten different EMS systems were surveyed with 468 responses. These included twenty-four hour shift personnel versus partial shift assignments, responding from and returning to the station after each response versus operation from different locations on standby, along with DR/CT personnel trained as firefighters and medics versus SR personnel who where trained in only EMS.

Possible stress scores were established with a minimum and maximum of 40 and 200 points, respectively. Scores were tabulated giving DR/CT personnel a mean of 89.34 points; SR personnel a mean of 101.22 points. Twenty-four hour shift personnel scored 91.43 mean points; partial shift personnel scored 97.37 mean points. Station assigned personnel scored a mean of 93.10 points, while standby location personnel scored a mean of 137.74 points (Cady, Page, Scott, 1993).

Cady, Page, and Scott (1993) concluded, based on the results:

[T]he fire department dual role cross-trained EMS provider working from a fixed post on 24 hour shifts has a lower stress levels and job characteristics conducive to higher job satisfaction. Most of the modern management literature correlates these two factors to improved performance (p. 21).

In April 1996, Alfred K. Whitehead, President of International Association of Fire Fighters

published an article highlighting potential reasons to upgrade existing emergency medical services to ALS transport. He believes that as an agency that already responds to medical emergencies, fire departments are the ideal agency for the role. The organizational structure, training, and conditions present in the fire service all lend themselves to ALS activity. He continued by stating that the public perceives it overwhelmingly as an efficient use of existing resources. Finally, he believes that its (ALS transport service) revenue potential has been shown to provide a more stable fiscal climate.

Ludwig (1998) reaffirmed that private providers have to bid on contracts in which revenue must be generated only by collection of transporting fees. Additional problems for the private providers, in transport revenue are that insurance profiles have required many providers to lower transportation rates.

Author Michael Grill (1996) stated that the private EMS provider is commercializing EMS by providing dividends to shareholders and making a profit from someone who is in pain or suffering. "There is only profit when you transport a patient, the more procedures, the bigger the bill," stated Grill (p. 22).

Fire department EMS is not concerned with monetary profits. It recognizes that the community and citizens are the only shareholders. Fire departments know they are subsidized through local taxes and the incentive is to continue to provide a high level of service in order to continue a level of funding (Grill, 1996).

An additional article published by Gary Ludwig (1999) revealed that some fire departments bill for services, to offset the funding, while others do not charge for services. He contends that when a citizen uses an ambulance and does not get a bill for the service, the citizen is really paying twice.

First, most likely they have paid for the service with their local taxes. The second payment comes when they pay a medical insurance premium and it provides for reimbursement on an

ambulance transport. Also, if a citizen has paid state and federal taxes, Medicare and Medicaid programs also provide for ambulance reimbursement, (p. 26).

They pay first through local taxes and secondly through medical insurance. In order to hold down tax increases, while obtaining additional revenue for the fire department, Ludwig believes that charging the end-user is worthwhile. He also maintains fire departments that do not charge insurance companies are only making the insurance companies richer, (Ludwig, 1999).

Krakeel published an article in April 1996 with various viewpoints on where fire-based EMS should be headed. He believes that fire-based EMS efficiency ensures a better mix of service to the community. Thus creating a superior service that enables fire departments to compete with private providers that are attempting to takeover ambulance service.

Dr. Joseph Fitch, a nationally known medical consultant, notes that a clear financial plan allows for a greater confidence level during transition periods. Much time should be spent addressing the issues that will arise while transitioning into an ALS provider (Fitch, 1995).

Appropriate planning is necessary in upgrading an EMS system, maintains Dr. Fitch (1995). In May 1997, Goebel, Gorman, and Jensen published an article that conferred Dr. Fitch's point. Goebel, Gorman, and Jensen provided a model that predicts the cost of delivering transport services. They argue, while focusing on EMS transport, that prices charged to the customer and the costs to be appropriately recognized by the service provider create debate. This dispute exemplifies the non-comparison between private and public organization. A full-cost allocation model is used to prove their point. By using this model, it allows organizations to determine the following:

- 1) Direct financial comparisons between private and public providers,
- 2) Set fair and competitive prices for services,

- 3) Evaluate the performance of a fire agency's program based on costs and benefits to the community,
- 4) Perform comparisons with other agencies, and
- 5) Communicate more effectively with public officials and customers (Goebel, Gorman, Jensen, 1997).

PROCEDURES

The research procedure used in this paper began with a literature review at the Learning Research Center (LRC) at the National Emergency Training Center (NETC) in May 1999. Additional literature reviews were done at the Lenexa (Kansas) Fire Department's Learning Resource Center (LRC), as well from the internet between May and June 1999.

The literature research review focused on three specific areas. The first area of research concentrated on the background of what was happening to the emergency medical services in Kansas City, Missouri and with the fire department's bid for takeover. The second area of research focused on fire departments that had gone through the transition of providing BLS service to providing transport service. This search was intended to identify the problems that were encountered and ways other fire departments overcame them. The final area was devoted to locating reports or other publications that described successful ALS transport service programs and how they could be adapted.

A review of Missouri State Statutes was completed, along with personnel interviews with Dr. Joseph Fitch, Fitch and Associates, on June 16, 1999 and Leslie Stewart Green, Southern Platte Fire Protection District's lawyer on June 17, 1999

A survey (see Appendix A) was developed and introduced to the sample group of 48 (all field

employees of the Southern Platte Fire Protection District) in June 1999 for their input.

Each employee was requested to complete the survey by June 15, 1999. Results of the 22 returned surveys (45.8% return ratio) and their comments were recorded and posted (see Appendix B-D).

Definitions

For the purpose of this study, the following definitions apply:

Advanced life support (ALS) - an advanced level of care as provided to the adult and pediatric patient such as specified by national curricula.

Basic life support (BLS) - a basic level of care as provided to the adult and pediatric patient such as specified by national curricula.

Limitations and Assumptions

Several factors and assumptions limited this research. The first assumption was that all of the reports by the Kansas City Star were accurate, in regard to the emergency medical services in Kansas City and the fire department's desire to takeover services. It is unknown if the fire department wants are truly the wants of the employees, management, or the union's. It was assumed that the fire department as a whole was the agency requesting the change in service.

Another assumption was that all surveys were answered honestly and truthfully. It was further assumed that all persons who responded understood the questions, and knew what the meanings of the words were. Although, neither of these assumptions could be corroborated.

The limitation of the department's lack in understanding the political climate in Kansas City between, city council, fire department, union, and MAST may have had an impact on the survey results. This was confirmed by some of the comments that were given on the survey.

The next limitation was a lack of current reference material describing agencies that model our community that had changed from a BLS provider to an ALS transporting agency. This limited the literature review primarily to Executive Fire Officer reports, journals, and personal communications with emergency medical service leaders having been through this process.

RESULTS

Through this research the following questions were answered:

1. What are the different options that the Southern Platte Fire Protection District can take regarding advance life support service?

The prominence of Revised Missouri Statute provides a look at what different options the Southern Platte Fire Protection District has. Although, there are five different options the district can take, the common thread that appeared to be found in all but one of the options is that each would provide the community with a higher level of care than is presently possessed.

It must be understood that the district is a political subdivision that is governed by Chapter 321, Volume 4 of the Revised Missouri Statutes (1994). The powers of the board are explained in Chapter 321.220. In which, the board has the privilege “to enter into contracts, franchises and agreements with any person, partnership, association or corporation, public or private, affecting the affairs of the district, including contracts with any municipality, district or state, ... political subdivisions...” (p. 1).

With the power to enter into contracts with political subdivisions, this provides the first option for the district, contract services for ALS transport service. The district has the option to contract with Northland Regional Ambulance District to provide all of its ALS/BLS transport service.

Providing Kansas City Fire Department assumes control of the ambulance service, it is an option for

the district to contract with them, instead of Northland Regional Ambulance District. This would create having the transport service being provided by another fire department, if both parties agreed to the contract.

Option two would be for the district to ask the citizens, via general election, to approve a proposition to furnish an ambulance service within the district. This would be done under Revised Missouri Statute Volume 4, Chapter 321.225 (1994). In this chapter it allows the district, with majority of voter approval, to levy a tax not to exceed forty cents on one hundred dollars assessed valuation for the exclusive use to operate an emergency ambulance service.

Southern Platte Fire Protection District provides services to three other municipalities in Platte County on a contract basis. Chapter 321.226 (1994) allows the district to provide ALS transport service to the contracted areas, if option two were chosen. It allows the district to assess and collect customary and usual fees for the service if the person does or does not reside in the district.

A new ambulance district may be created, which overlays the existing boundaries, as a third option. Chapter 190.010, Volume 3 of the Revised Missouri Statutes allows for the formation of an ambulance district in counties with less than 400,000 populations. Under this option, the fire board would not be in control of the ambulance district. An ambulance district board would be created along with the new political subdivision ambulance district if a majority of the voters approved the proposal.

The fourth option allows for improved service to the community, but the fire board would still not have control of the service. In addition, the fire board may not have a voice, for the citizens of when this option occurs.

Under Chapter 190.070, Volume 3, Revised Missouri Statutes, an ambulance district may petition for annexation of land to increase the present ambulance district boundaries. Northland Regional

Ambulance District would need a signed petition with ten percent or fifty voters, whichever is less, residing in the proposed area (Southern Platte Fire Protection District) and file it with the Platte County Clerk. At a general election, the question would be asked of the citizens of the proposed area on whether to be annexed into Northland Regional Ambulance District. If passed, Northland Regional Ambulance District would then cover Southern Platte Fire Protection District citizens for emergency medical transport service.

The final option is an option that takes the optimistic point of not doing anything. This option would include waiting for the outcome of the Kansas City auditor. Option five provides continued BLS service with no transportation service by Southern Platte Fire Protection District or Northland Regional Ambulance District, in the hopes that MAST would continue to provide transport service.

2. What are the preliminary costs associated with each option?

In a study by Alfred K. Whitehead (1996), it was determined that fire departments that provide dual role services are overwhelmingly perceived as an efficient use of resources. In relationship to non-monetary costs, dual role cross-trained EMS providers have lower stress levels and higher job satisfaction.

Fire departments know that they are subsidized by local taxes when providing fire or EMS services. In the case of option one (contract ALS transport service) Southern Platte Fire Protection District would be required by law (Revised Missouri Statue, Chapter 190, 1994) to pay Northland Regional Ambulance District the same rate that their citizens pay to them. This rate is \$.26 per one hundred dollars assessed valuation. This would create a cost to the citizens of the fire district of approximately \$486,825. This figure is based on the 1999 Assessed Valuation, prior to the Board of Equalization, of

the fire district.

If Kansas City were to receive a contract from Southern Platte Fire Protection District, a set fee would be charged to the citizens. This figure is unknown, since the fire department does not know what they would need to provide the service.

Option two would allow Southern Platte Protection District to provide ALS transport service in addition to providing all of its present services. Under this option, the fire district would need to create an EMS tax rate in order to cover its EMS operating costs. These costs would equate to approximately \$708,388 based on the Proforma EMS Operating Budget (Appendix E). The cost to cover the expenses as outlined in Appendix E would equate to an estimated \$.32 per one hundred dollars assessed valuation.

Additional preliminary expenses would include the cost of the fire district marketing the idea and selling it to the communities. This cost would be minimal as compared to the total package and would be expended from the fire-operating budget before the EMS budget being approved. First year capital expenses for the district would include an estimate total of \$294,000. These expenses are as follows:

FIRST YEAR CAPITAL EXPENSES		
QTY.	ITEM	COST
3	Lifepaks with 12 lead	\$40,000
3	Drug Box and contents	\$3,000
3	Nitrous Systems	\$4,500
3	Suction Units	\$1,500
2	Ambulance (New)	\$160,000
1	Ambulance (Reserve)	\$50,000
1	ALS Central Supply	\$10,000
3	ALS Unit Supplies	\$3,000
3	Trauma Bags	\$1000
	ALS Training (12 people)	\$18,000
	TOTAL	\$294,000

Table 1

Creating a new ambulance district, as in option three, which overlays the existing boundaries would cost the citizens a higher rate than Northland Regional Ambulance District or Southern Platte Fire Protection District. Not only would the basic costs be incurred, as with the Southern Platte Fire Protection District, there would be additional expenses. These additional costs would include items that are proportionally incurred in the budget already. These would include line items such as: station supplies, vehicle maintenance, attorney fees, complete disposable EMS supplies, insurance, training, travel, etc.

There would not be any financial cost to the Southern Platte Fire Protection District if this option were chosen. The increased costs would be to the citizens. An intrinsic cost of losing the control factor

would be high.

Under option four, Northland Regional Ambulance District would ask to have the Southern Platte Fire Protection District annexed into the Ambulance District. The cost associated with this option would again not effect the organization, but would affect the patrons. The present expense for Northland Regional Ambulance District to operate in Platte County is \$.26 per one hundred dollars assessed valuation.

It is unknown if the tax rate of \$.26 would stay the same or need to be increased by the Ambulance District. There would be an additional expense to the Northland Regional Ambulance District if they petitioned to annex the fire district. This expense would include the cost of the election. Ballot issue costs would be incurred for an amount between \$3,200 - \$5,800. It would also include the advertisement of the ballot issue. If any marketing were to be conducted, an additional expense would be encountered.

Under the final option of not doing anything, there would be no financial costs to the Southern Platte Fire Protection District at the onset. The later costs experienced would be of the district's reputation. The Southern Platte Fire Protection District is visionary in the services that are provided. By not doing anything, in hopes that MAST will continue to provide service may hinder public opinion and/or future financial support.

3. What are the costs that can be recovered with each option without affecting the citizen's "out of pocket" expense?

In a study, it was noted that ALS transport services revenue potential has been shown to provide a more stable climate in organizations. By providing a stable climate, it is recognized that less stressful

work conditions will exist for employees.

Under option one, having the district contract with Northland Regional Ambulance District or another ALS service provider provides the district with no recovery of expenses. The district would continue to respond to emergency medical alarms within the district boundaries and not charge the citizens for any expenses incurred.

With Southern Platte Fire Protection District providing the ALS service, as in option two, they are able to collect for service without affecting the citizens "out of pocket" expense. In a personal interview with Dr. Joseph Fitch, it was described that by charging insurance companies for ALS service, first year ambulance service providers only collect approximately 55 percent of the fees. The second year's collection is approximately 60-65 percent of the fees. The third year of service collects approximately 70-75 percent of the fees.

Based on the fire district's possible collection rates, the amount of emergency medical service responses that Southern Platte Fire Protection District responded to from 1995 through May 1999, were determined. It can be seen from Table 2 that emergency medical responses have continued to increase.

PERCENTAGE of EMS ALARMS			
Type/Year	Fire	EMS	EMS Percentage
1995	407	398	49.4%
1996	504	495	49.5%
1997	549	500	47.6%
1998	458	513	52.8%
1999 thru 5/31/99	169	187	52.5%

Table 2

Table 3 illustrates the total patients that were treated by Southern Platte Fire Protection District from

1995 through May 1999 and transported by an ALS provider. The table also shows the percentage of patients that were transported as compared to the total number of emergency medical responses during that same time period.

**PERCENTAGE of PATIENT
TRANSPORTS**

TYPE/YEAR	Patients	Transport Percentage
1995	298	74.8%
1996	364	73.5%
1997	379	75.8%
1998	425	82.8%
1999 thru 5/31/99	136	72.7%

Table 3

When a statistical analysis was administrated on the data of Table 3, the partial year of 1999 was determined to produce a patient transport total of 325 patients. This was determined by multiplying the present percentage rate of 72.7 by the total future EMS alarms, 448 for 1999.

The table reveals, using a standard deviation analysis that the district will increase at a rate of 49.13 patients per year, using the full table. When using only 1995-1998 data, the growth rate would be 52.53 patients per year. Thus providing a total patient value in 1999 at 478.

It is exhibited in Table 4 the costs that are placed on a patient that uses the provider's ALS ambulance service for six major providers in the region.

REGIONAL AMBULANCE COSTS

AGENCY/ ITEM COST	N.R.A.D	Excelsior Springs Fire Department	MAST	Kearney Fire & Rescue Protection District	West Platte Fire Protection District	Liberty Fire Department
Emergency Rate	\$425.00 - Base Rate	\$450.00 - Base Rate	\$518.00 - Base Rate	\$495.00 - all Inclusive \$400.00 - Base Rate	\$400.00 - Base Rate	\$200.00 - Base Rate \$350.00 Non- resident
Non- Emergency Rate	350.00	315.00	287.00		195.00	
ALS Mileage	4.50/mile	4.90/mile	5.45/mile	3.00/mile	4.00/mile	4.00/mile
Airway Management		60.00		50.00	50.00	
IV Management	20.00	35.00		25.00	40.00	
O2 & Supplies	30.00	35.00	40.00	20.00	20.00	
Basic Disposable	10.00	35.00		5.00	25.00	
Defibrillation Supplies	45.00	60.00		50.00	40.00	
Fluids	10.00	8.50		Include in IV	7.50	17.00

Table 4

From Table 4, a \$440.00 base rate was an average of the six agencies. This study uses an all-inclusive rate of \$460.00 for all patients with no other charges extended to the patient or insurance company.

With a rate of \$460.00 charged to the insurance companies or Medicaid/Medicare and a collection rate of 55 percent the first year, Southern Platte Fire Protection District could recover \$120,934 for the 1999 patient figures.

Using the standard deviation of 49.13, the year 2000 would have a transport figure of 527 patients. With the second year collection rate of 65 percent, an income of approximately \$157,573 would be collected without effecting the citizen's "out of pocket" expense.

The third year, 2001, would see a collection of approximately \$198,720. This is based on a 75

percent collection rate and 576 transported patients. The 75 percent collection rate would continue to remain steady from 2001 on.

With the creation of a new ambulance district, as in option three, Southern Platte Fire Protection District would receive no income. The income incurred by the new ambulance district would not be able to be shared with Southern Platte Fire Protection District.

With Northland Regional Ambulance District annexing the Southern Platte Fire Protection District, as outlined in option four, the district would not be able to collect any income in this option. All revenue would belong to the service provider, Northland Regional Ambulance District.

In option five, the district would continue to provide BLS service. This option takes into account that MAST would continue to be the transporting agency within the fire district for both ALS and BLS service. With this option, Southern Platte Fire Protection District would collect no revenue from the transported party.

4. What are the feelings of the employees with the advance life support service options?

A 1994 study by Ryan Gresham revealed that even in the fire service, the possibility of conflict exists. Support must be given for emergency medical services from the staff. When suppression versus EMS approach exists, enthusiasm and commitment to the medical care will not provide for a successful, integrated system. It was also exposed that a change of ideology from the fire departments needed to happen. EMS is not a place for employees "who are inadequate firefighters, or the place for discipline problems, or for those who are lowest on the totem pole," (Gresham, 1994, p. 50).

In this study it was determined the employees were interested in emergency medical services, ALS,

and the transportation aspect of EMS. Results determined that sixteen (16) returned surveys believed that the Southern Platte Fire Protection District should increase its current emergency medical services to the community, while 86.4 percent of returned surveys did believe it would be in the best interest of the district's *customers* if the district increased its medical services.

Only twelve (12) employees would increase their medical skill level to paramedic. Of the twelve (12), five (5) were of the paid staff. With only seven (7) paid employees returning surveys, 71.4% of them would advance to the paramedic level if the district paid for the schooling. Just five (5) employees, with only two (2) paid, would attend paramedic school if they had to pay for it themselves.

From Appendix D (paid staff results) the number of employees that would advance to paramedic doubled to four (4), if they received premium pay for their increased level of skills.

With regard to whether the employee would continue on the same career path of fire fighter/Emergency Medical Technician, only twenty-one (21) employees answered. Of the twenty-one (21), 57.1 percent stated they would continue on the same path. Volunteer employees made up 75 percent of the 51.7 percent that would continue with the same career path, leaving only three (3) paid employees choosing the same path.

A majority of the employees, 63.7 percent believed that if the district increased its service level to ALS, it should also provide transportation service to the patient. Of the volunteer employees that returned a survey, 53.3 percent felt that the district should not provide transportation. As compared to the paid staff, 100 percent believed in transportation service for the community.

Both the paid and volunteer employees believed that if the district increased service to ALS transportation that it would not take away from their role as a firefighter. This equated to 72.7 percent of returned surveys. Six (6) volunteer employees (33.3 percent returned surveys) believed that it would

take away from their role as a firefighter. Only one (1) paid employee agreed that it would take away from his role as a firefighter.

5. Which is the best option for the Southern Platte Fire Protection District to select?

The study can be used to determine the best option for the Southern Platte Fire Protection District by a few simple approaches. Many options were examined in regards to legal issues, expenses, cost recovery, and how the employees felt about the district's involvement in ALS service.

The most direct approach in determining the best option would be expense versus revenues. Under the cost analysis it is determined in option one (contract services with existing or future ALS providers) that a cost to the Southern Platte Fire Protections District's citizens would be approximately \$426,825, with no return of revenue to the district citizens, if contracted with Northland Regional Ambulance District. The cost is unknown for contract service from Kansas City Fire Department.

Furthermore, the citizens would have to pay all remaining service call bills, unpaid by insurance. This would equate to an additional expense, to the citizen, of approximately forty-five (45) percent of the bill the first year, thirty-five (35) percent the second year, and twenty-five (25) percent the third year of service and so forth.

In option two (Southern Platte Fire providing the ALS via medical tax) the cost to the district's citizens would be approximately \$708,388. An additional start-up expense would total approximately \$294,000. No additional direct expenses would be charged to the citizens.

Revenue would be generated that would keep any future tax rate increases lower. Within the projections, the first year would generate approximately \$102,934 at a fifty-five (55) percent collection

rate. Year two and three would collect \$157,573 and \$198,720 respectively. The second and third years would collect at a sixty-five (65) and seventy-five (75) percentile rate. After year three, the collection rate would continue at seventy-five (75) percent.

The cost of \$708,388 would not only fund the operation of two ALS ambulances for the district, but also provide the citizens with 16 additional dual trained firefighter/paramedics. As outlined in the district's Five Year Plan, additional firefighters will be hired. If the district were to increase its present paid staffing level, by an additional 16 firefighter/EMT's, the citizens would experience a tax increase of approximately \$.35 per \$100 assessed valuation, in order to cover the salary/benefits costs, in today's dollar, of approximately \$653,765.

Option three (Form an Ambulance District) would require a greater expense to the citizens than that of option two. If an ambulance district were formed, it would cost more than the operating costs of Southern Platte Fire Protection District, due to scales of economy. In addition, the new ambulance district would need revenue to build a minimum of one ambulance station for the ambulances. This would create a greater tax rate than \$.32 per \$100 assessed valuation.

Depending on how the ambulance district operates, it would create approximately, as a minimum, the same revenue as the fire district. This revenue would help the citizens with future tax rates.

By supporting an annexation from Northland Regional Ambulance District into the boundaries of Southern Platte Fire Protection District, as in option four, the citizens would be required to pay approximately \$.26 per hundred dollar assessed valuation. An additional ambulance usage charge would also be assessed to the citizen for the unpaid portion of the bill. The fire district would not benefit from the ambulance district collection procedures.

Although, the fire district's tax rate would be approximately \$.32, resulting in \$.06 more than

Northland Regional Ambulance District, the additional dual trained employees would be a far less cost. The citizens would be gaining both paramedics and firefighters, not just paramedics. The additional sixteen firefighters would cost the citizens of the fire district approximately \$653,765 (salaries/benefits). In today's dollar, the district could only hire additional 2.75-firefighters with the additional \$.06. This would not even cover one additional position. Each additional position requires three (3) employees, one per each shift.

In option five (waiting and doing nothing) would cost the citizens no dollar outlay. In addition, it would generate no additional revenue for the district. If the wait in turn required the fire district to act upon Kansas City's decision and an ALS service was required immediately, this would cause the district to fund the project with reserve money until the tax rate could be raised. This would create a financial burden to the district and its citizens. There is also the issue of the tax rate question not passing the first time, creating an even greater burden to the citizens.

In reviewing the other factor of employees' feelings towards ALS service, it was determined that the 72.7 percent of the employees, that returned surveys, believed that Southern Platte should increase its current medical service to the community. It was felt that there should be ALS transport service by the fire district by 63.7 percent of employees, while 100 percent of the paid staff believed in this type of service.

Therefore, based on the present climate of MAST, Kansas City Fire Department, expense versus revenue analysis, and employees feeling; the best option for Southern Platte Fire Protection District to select would be option two (Southern Platte Fire providing ALS service via medical tax).

DISCUSSION

Being proactive in the services that are provided has been an intricate part of progressing for many fire departments over past economical times, which have changed the fire service in the last twenty-five (25) years. Fire administrators have realized that they must continually change the way business is done in the fire service. No longer can fire departments be about big red trucks that put fires out.

The results of the study indicate that many departments, including the Southern Platte Fire Protection District, have gone through or are deciding whether to provide advance life support service. Those that have determined that it was the right decision to provide the service are evaluating if they should provide transport service.

As the study implies, this is the step that more and more departments are taking. For many years, communities relied on private providers to render the community with ambulance protection. People did not realize the care that was given in prehospital situations. As the profit margins increased more providers surfaced to gain a piece of the market share. As the market became saturated, the profits decreased and communities were forced to pickup the service when the private provider moved on or folded.

Fire departments have become the logical solution to provide EMS transport service. It is cost effective for the fire department to provide the service not on just a dollar issue, but on a total cost issue. When evaluating cost, it must be looked at as not only the cost of the service, but also on the availability to respond with qualified personnel that are dual trained. Southern Platte Fire Protection would be able to respond to an emergency with dual trained personnel, those able to provide both advanced life medical skills and the skills needed as a firefighter.

It is a gamble for the fire district to wait and determine what Kansas City Fire Department is going to

do and whether MAST is still going to provide the service. The contract for MAST could end and cause the Southern Platte Fire Protection District to act immediately. If the district doesn't have a plan of action prior to the problem, the citizens could lose respect for the department. The loss of this intrinsic value is far greater than could be expected. It has taken the fire district many years to build the reputation it has. Southern Platte Fire Protection District has learned from its past mistakes. It would not be wise for them to make a mistake of this significance.

As the Southern Platte Fire Protection District reviews further the possibility of different methods of charging for ambulance service, it would need to be determined whether to charge non-district patrons 100 percent of the bill. Whereas in the study, the analysis was on only charging the paid portion of insurance, and writing the remaining balance off. This would increase the income potential.

Approximately twenty (20) percent of the patients transported are non-residents of the district. Therefore, an additional income of approximately forty-five (45) percent of the bill, from twenty (20) percent of the patients would be received. It needs to be known that some of this collection rate will still be bad debt and uncollectable.

Additional revenue could also be examined by Southern Platte Fire Protection District in charging not just an all-inclusive rate, but reasonable and customary rates, which include the base rate plus supplies. Additionally, the fire district could investigate charging for mileage. The study produced an average \$4.31 per mile charge (from Table 4). Southern Platte Fire Protection District could charge \$4.30 a mile for transport service. According to the study, this rate is \$.20 per mile less than Northland Regional Ambulance District. The additional revenue produced from the ambulance would help to cover vehicle expenses. It would need to be further examined if this could help reduce the medical tax rate that is needed to operate the ambulance service.

In comparing the \$.32 that Southern Platte Fire Protection District would need to charge versus the \$.26 that Northland Regional Ambulance District would charge, the study reviewed the issue of dual trained personnel. The assumption of dual trained personnel having lower stress levels and higher job satisfaction was validated in the Cady, Page, and Scott (1993) study. The factors that created the validation were, when employees work 24-hour shifts, had dual role cross training and worked from a fixed location.

The Southern Platte Fire Protection District can learn from the successes of these systems. Even though the organization would perform under this type of system, the organization should expand and improve upon those activities that work. It can also examine some of the other stimuli, determine if they can meet the needs of the employees, implement them, and evaluate the outcome.

As the fire district reviews the available ALS options further, it will need to determine if the service level for each option would remain the same or increase. This is a level of study that cannot be validated until each of the options is put into place and further research is conducted. Since this is not a viable plan, it can only be predicted that the level of service would stay the same or may increase. This will need to be continually monitored and assessed to determine any changes.

In summary, not only is there a wide range of options for the Southern Platte Fire Protection District to evaluate, each option provides measuring tools to help assist in the evaluation of the plans. Expenses and revenue analysis provided data to assist in making the best decision for the citizens of Southern Platte Fire Protection District. Additional approaches were also used which included legal issues and how employees felt about the fire district's involvement in ALS service.

RECOMMENDATION

The research conducted revealed that while there has been some material published on ALS service, with a transportation service, there is relatively little found on inclusive programs that described how programs were started and their achievement of success. The programs that are successful are encouraging. However, future research may reveal a more comprehensive answer to this problem. At this stage, successful activities share common components and it is on the basis of these components that the following recommendations are proposed:

1. Continue to follow the MAST response times for each month to determine if MAST is reaching their benchmarks. If MAST does not reach their benchmarks, this will only benefit Southern Platte Fire Protection District in their marketing of service.
2. Between now and the end of the year the fire district Board of Directors will need to pass a resolution following through with the best ALS option for providing the service and transportation.
3. Hire a consultant to assist in the implementation of ALS service.
4. Meet with each of the individual cities, this would include the various ad hoc groups, along with the County government and discuss the idea. It would be appropriate to ask for support of these entities.
5. Continue to research the costs/revenues and review these with the consultant. This will assist in getting the appropriate tax rate and determine which type of fee to charge.
6. Form a transitional team internally, that includes a representative from each level and division, to participate in assisting the transformation. Their mission would be to assist in selling the idea to the employees.
7. Begin marketing the idea after all facts have been researched and reviewed.

8. Hold open public meetings to educate the community of the situation and the option of Southern Platte Fire Protection District providing the service. This will need to be done to allow for citizen input and buy-in of the idea.
9. Meet with the other ambulance service providers to discuss the plan of Southern Platte Fire Protection District and why it would be in the best interest of the community if the fire district provided the service.
10. Place the issue on the general election, as per Revised Missouri State Statute Volume 4, Chapter 321.225 (1994) to levy a tax not to exceed forty (40) cents on one hundred dollars assessed valuation. This will be used for the exclusive use of operating an emergency ambulance service.

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APPENDIX A



Inter-Departmental Communication

TO: All Personnel
FROM: Richard R. Carrizzo, Fire Chief
DATE: June 3, 1999
SUBJECT: ALS Survey

Attached is a survey that needs to be completed. The survey is being used for internal research and the results will be compiled and posted. The results are also going to be used for the completion of an Executive Fire Officer (EFO) paper.

The survey will take about 10 minutes of your time. Please complete it and return it to me or put it in my box by Tuesday, June 15, 1999.

There is no need to put your name on the survey.

I thank you in advance for your assistance.

INTERNAL CUSTOMER SURVEY

Prepared as part of the Applied Research Project

Your Background

(Please Circle)

Employee Status: Volunteer / Paid

Highest Education Level : High School AA Degree BA/BS Masters Other

Years of Service: 0-3 4-6 7-10 11-13 14-16 16-19 20 >

Service Level: FF EMT Paramedic Nurse

I would like your input into the following questions concerning emergency medical services to our community. You do not have to identify yourself, but your input is vital. Please answer the following questions to the best of your ability. The answers are designed to indicate your level of agreement, affirmation, or disagreement. Please circle one answer for each question.

Strongly Disagree	Disagree	Agree	Strongly Agree
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1. The Southern Platte Fire Protection District should increase its current emergency medical services to the community.

Strongly Disagree	Disagree	Agree	Strongly Agree
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2. It would be in the best interest of our *customers* to increase emergency medical services to our community.

Strongly Disagree	Disagree	Agree	Strongly Agree
-------------------	----------	-------	----------------

3. I would increase my level of skills to that of paramedic if the department paid for the schooling.

Strongly Disagree	Disagree	Agree	Strongly Agree
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4. I would increase my level of skills to that of paramedic, even if I had to pay for it myself.

Strongly Disagree	Disagree	Agree	Strongly Agree
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5. I would increase my level of skills to that of paramedic, even if I had to pay for it myself, but then would receive a premium pay for my new skill level.

Strongly Disagree	Disagree	Agree	Strongly Agree
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6. Even if the District went to ALS service, I would continue at the career tract of FF/BLS.

Strongly Disagree	Disagree	Agree	Strongly Agree
-------------------	----------	-------	----------------

7. If the District moved into ALS care, there should be transport service by the District.

Strongly Disagree	Disagree	Agree	Strongly Agree
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8. I would be afraid that increasing into ALS transport would take away from my role as a firefighter.

9. Additional Comments:

APPENDIX B

INTERNAL CUSTOMER SURVEY

Prepared as part of the Applied Research Project

Your Background

(Please Circle)

	15	/	7					
Employee Status:	Volunteer / Paid							
	9		2		9		2	0
Highest Education Level :	High School		AA Degree		BA/BS		Masters	Other
	6	4	3	3	1	0	4	
Years of Service:	0-3	4-6	7-10	11-13	14-16	16-19	20 >	
	5	14	1					
Service Level:	FF	EMT	Paramedic	Nurse				

I would like your input into the following questions concerning emergency medical services to our community. You do not have to identify yourself, but your input is vital. Please answer the following questions to the best of your ability. The answers are designed to indicate your level of agreement, affirmation, or disagreement. Please circle one answer for each question.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	5	12	4

1. The Southern Platte Fire Protection District should increase its current emergency medical services to the community.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	10	9

2. It would be in the best interest of our *customers* to increase emergency medical services to our community.

Strongly Disagree	Disagree	Agree	Strongly Agree
2	7	6	6

3. I would increase my level of skills to that of paramedic if the department paid for the schooling.

Strongly Disagree	Disagree	Agree	Strongly Agree
8	8	4	1

4. I would increase my level of skills to that of paramedic, even if I had to pay for it myself.

Strongly Disagree	Disagree	Agree	Strongly Agree
3	7	8	2

5. I would increase my level of skills to that of paramedic, even if I had to pay for it myself, but then would receive a premium pay for my new skill level.

Strongly Disagree	Disagree	Agree	Strongly Agree
2	7	10	2

6. Even if the District went to ALS service, I would continue at the career tract of FF/BLS.

Strongly Disagree	Disagree	Agree	Strongly Agree
2	6	7	7

7. If the District moved into ALS care, there should be transport service by the District.

Strongly Disagree	Disagree	Agree	Strongly Agree
3	13	3	3

8. I would be afraid that increasing into ALS transport would take away from my role as a firefighter.

9. Additional Comments:

“If the District moves into ALS #1, we still need to maintain some FF/EMT’s always!! #2, If the District does not provide ALS transport we should stay BLS. #3, the District should pay for the schooling for upgrade to EMT/P for current career personnel. #4, if current personnel attend this school upon completion they should receive premium pay.”

“I would recommend that SPFPD enter into ALS only if MAST pulls out. It is very expensive and we do not run enough to keep up ALS skills.”

“#5, I feel that the commitment a Firefighter makes to become a Paramedic justifies a substantial pay increase, 15-20%. #7, No non-emergency transports, example: bed-bed, rash on skin, etc...”

“MAST provides excellent services in our district. Depending on what happens to MAST/KCMOFD, my answers would change somewhat. I think returning to ALS on the department will be good for district patrons whether or not we transport. If we only transport ALS patients and non-emergency transports, then I do not think we want to get into transporting.”

“Start with ALS pumpers and advance to transport in the event it becomes necessary or profitable.”

“Given the size and location of our district and MAST’s unfamiliarity with our district, it would be a good idea.”

“Question #1. Whose responsibility is it to provide EMS? County or District?”

“The quality of service given to our customers now is very good and I feel the paramedic services would not necessarily improve our level of quality care now given.”

“We do not need the headache.”

“I feel that ALS/Transport is good for the district but bad for the volunteers. If the ALS/Transport can be part of our dept but not isolate or remove the volunteers it would be OK. Most of the volunteers don’t have the time to commit to the paramedic course.”

"Welcome to the 80's"

APPENDIX C

INTERNAL CUSTOMER SURVEY

Prepared as part of the Applied Research Project

Your Background

(Please Circle)

	15	/					
Employee Status:	Volunteer / Paid						
	3	1	9	2	0		
Highest Education Level :	High School	AA Degree	BA/BS	Masters	Other		
	4	2	2	2	0	0	4
Years of Service:	0-3	4-6	7-10	11-13	14-16	16-19	20 >
	5	7	1				
Service Level:	FF	EMT	Paramedic	Nurse			

I would like your input into the following questions concerning emergency medical services to our community. You do not have to identify yourself, but your input is vital. Please answer the following questions to the best of your ability. The answers are designed to indicate your level of agreement, affirmation, or disagreement. Please circle one answer for each question.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	4	7	3

1. The Southern Platte Fire Protection District should increase its current emergency medical services to the community.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	7	5

2. It would be in the best interest of our *customers* to increase emergency medical services to our community.

Strongly Disagree	Disagree	Agree	Strongly Agree
2	5	3	4

3. I would increase my level of skills to that of paramedic if the department paid for the schooling.

Strongly Disagree	Disagree	Agree	Strongly Agree
5	6	2	1

4. I would increase my level of skills to that of paramedic, even if I had to pay for it myself.

Strongly Disagree	Disagree	Agree	Strongly Agree
2	6	5	1

5. I would increase my level of skills to that of paramedic, even if I had to pay for it myself, but then would receive a premium pay for my new skill level.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	4	7	2

6. Even if the District went to ALS service, I would continue at the career tract of FF/BLS.

Strongly Disagree	Disagree	Agree	Strongly Agree
2	6	4	3

7. If the District moved into ALS care, there should be transport service by the District.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	9	2	3

8. I would be afraid that increasing into ALS transport would take away from my role as a firefighter.

9. Additional Comments:

"I would recommend that SPFPD enter into ALS only if MAST pulls out. It is very expensive and we do not run

enough to keep up ALS skills.”

“MAST provides excellent services in our district. Depending on what happens to MAST/KCMOFD, my answers would change somewhat. I think returning to ALS on the department will be good for district patrons whether or not we transport. If we only transport ALS patients and non-emergency transports, then I do not think we want to get into transporting.”

“Start with ALS pumpers and advance to transport in the event it becomes necessary or profitable.”

“Given the size and location of our district and MAST’s unfamiliarity with our district, it would be a good idea.”

“The quality of service given to our customers now is very good and I feel the paramedic services would not necessarily improve our level of quality care now given.”

“We do not need the headache.”

“I feel that ALS/Transport is good for the district but bad for the volunteers. If the ALS/Transport can be part of our dept but not isolate or remove the volunteers it would be OK. Most of the volunteers don’t have the time to commit to the paramedic course.”

"Welcome to the 80's"

APPENDIX D

INTERNAL CUSTOMER SURVEY

Prepared as part of the Applied Research Project

Your Background

(Please Circle)

	0	/	7				
Employee Status:	Volunteer / Paid						
Highest Education Level :	1	1		0	1		0
	High School	AA Degree		BA/BS	Masters		Other
Years of Service:	2	2	1	0	1	1	0
	0-3	4-6	7-10	11-13	14-16	16-19	20 >
	7						
Service Level:	FF	EMT	Paramedic	Nurse			

I would like your input into the following questions concerning emergency medical services to our community. You do not have to identify yourself, but your input is vital. Please answer the following questions to the best of your ability. The answers are designed to indicate your level of agreement, affirmation, or disagreement. Please circle one answer for each question.

Strongly Disagree	Disagree	Agree	Strongly Agree
0	1	5	1

1. The Southern Platte Fire Protection District should increase its current emergency medical services to the community.

Strongly Disagree	Disagree	Agree	Strongly Agree
0	0	3	4

2. It would be in the best interest of our *customers* to increase emergency medical services to our

community.

Strongly Disagree	Disagree	Agree	Strongly Agree
0	2	3	2

3. I would increase my level of skills to that of paramedic if the department paid for the schooling.

Strongly Disagree	Disagree	Agree	Strongly Agree
3	2	2	0

4. I would increase my level of skills to that of paramedic, even if I had to pay for it myself.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	1	3	1

5. I would increase my level of skills to that of paramedic, even if I had to pay for it myself, but then would receive a premium pay for my new skill level.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	3	3	0

6. Even if the District went to ALS service, I would continue at the career tract of FF/BLS.

Strongly Disagree	Disagree	Agree	Strongly Agree
0	0	3	4

7. If the District moved into ALS care, there should be transport service by the District.

Strongly Disagree	Disagree	Agree	Strongly Agree
2	4	1	0

8. I would be afraid that increasing into ALS transport would take away from my role as a firefighter.

9. Additional Comments:

"If the District moves into ALS #1, we still need to maintain some FF/EMT's always!! #2, If the District does not provide ALS transport we should stay BLS. #3, the District should pay for the schooling for upgrade to EMT/P for current career personnel. #4, if current personnel attend this school upon completion they should receive premium pay."

"#5, I feel that the commitment a Firefighter makes to become a Paramedic justifies a substantial pay increase, 15-20%. #7, No non-emergency transports, example: bed-bed, rash on skin, etc..."

“Question #1. Whose responsibility is it to provide EMS? County or District?”

APPENDIX E

PARAMEDIC PROFORMA BUDGET

Additional Expenses

ITEM	<u>BUDGET</u>
ADMINISTRATION	
Legal	\$1,200
Stationary & office supplies	\$1,500
APPARATUS & EQUIPMENT	
EMS	
Disposable EMS supplies	\$8,000
Equipment	\$3,000
Hepatitis B vaccine	\$2,000
Oxygen	\$1,000
Fuel	\$4,000
Maintenance	
apparatus	\$6,000
equipment	\$3,500
COMMUNICATIONS	
Maintenance	\$1,500
INSURANCE	
Health	\$42,680
Other	\$7,500
Retirement	\$26,237
Work Comp	\$10,600
SALARIES	
Contract Services - Payroll	\$2,600
EMS Director	\$2,000
Firefighters/Medics	\$524,730
Medicare	\$7,609
MO Unemployment Ins	\$4,000
Social Security	\$32,533
SUBSCRIPTIONS & DUES	\$1,200
TRAINING	\$15,000

TOTAL**\$708,388****Tax Collection Income**

Weatherby Lake	0.32	29,410,507.00	94,114
Houston Lake	0.32	1,625,060.00	5,200
Platte Woods	0.32	6,383,576.00	20,427
SPFPD	0.32	187,240,655.00	599,170
			<u>718,911</u>